Patricia Booker

SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/576314 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AS FILED** AFTER **AFTER** AS FILED I"AMENDMENT 2 [™] AMENDMENT I" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP

TOTAL